## OFFICIAL TRANSCRIPT REQUEST

## EAST HIGH SCHOOL COUNSELING CENTER

840 South 1300 East Salt Lake City, Utah 84102-3716 Phone: (801) 584-2923 Fax: 584-0189

PLEASE PRINT CLEARLY:

Date:				PURPOSE OF TRANSCRIP	
Student #:				Admission to another college/university Scholarship application	
Grade or Gradua	tion Year: _			Personal use	
				MAIL TRANSCRIPT TO:	
	Last	First	Middle	Brigham Young University (Provo, Idaho and Hawaii)	y Stevens-Henager College
				Dixie State College of Uta	University of Utah
Phone:		Birth Date:		LDS Business College	USU Eastern
				Salt Lake Community	Utah State University
I authorize East High School to release a copy of my transcript.				College	Utah Valley University
Student Signature:				Snow College	Weber State University
Please include AP scores with transcript.				Southern Utah University	Westminster College
Please include ACT / SAT scores with transcript.					Other *
	lease allow	nent to the treasurer or Book Store (B404) and attach your receipt to the transcript request ONE WEEK for processing.  (It is NOT necessary to list addresses for the Utah colleges/universities listed above.)  College/University			
		Person or Departmen	t		
		Address			-
		City		State	Zip Code
	2.	College/University			
		Person or Department	t		
		Address			
		City		State	Zip Code
	3.	College/University			
		Person or Department	t .		
		•			
		City		State	Zip Code
	> _ > _ > _	<ul> <li>Will pick up in person (official transcript in sealed envelope)</li> <li>Please mail by deadline of:</li> <li>I have given my counselor additional application forms</li> <li>that need to accompany this transcript.</li> </ul>			